State of California, Department of Corrections -- Institution: SCC

Prior Page Number : ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.
12-15-06	ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE
	Appearance ☑ WNL
	Behavior ☑ WNL
	Mood ☑ WNL
	Sleep ☑ WNL
	Appetite ☑ WNL
	Affect ☑ WNL
	Suicidality ☑ None noted or stated
	Hallucinations ☑ None
	Delusions ☑ None
	Medications ☑ Helpful
	Referral to psychiatrist needed ☐
	Progress of identified problems/needs/issues (see MH2)
	COMMENTS: Seen at cell front:
	Doing fine no problems to report. Appeared alert
	and calm. Accepted an individual visit.
	[signature]
	Page #

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W.& I Code, Section 5328	LEVEL OF CARE CCCMS EOP Outpatient	Last Name: Cunningham First Name: MI: CDC # V-72323 DOB __/__/__

State of Ca rnia Department of Corrections & habilitation
Sierra Conservation Center Progress Note

Date: 12/11/2006 Time: 1330 EPRD: / /Controlling Case:

S: Patient ID: y/o ☐Single/☐Married/☐Common Law/☐Divorced; Children:

HPI & Complaints: [source of information is the patient]

Sleep Problem: ☑None/☐Getting to sleep/☐Staying asleep/☐Early wakening/☐Nightmares

Appetite: ☑Normal/☐Increased/☐Decreased; Energy Level: ☐Normal/☐Increased/☐Decreased

Mood: ☑normal ups and downs/☐Increased anxiety/☐Frequent changes from too euphoric to too depressed/☐Hopeless/ ☐Helpless ☐Feelings of worthlessness/☐Preoccupation with death/☐Passive S/I/☐Active S/I/☐ Suicide Plan/☐Tearful/☐Worries about health/☐Poor concentration/☐Racing thoughts//☐Difficulty controlling anger

Stressors: I/M reported he is doing well but is not getting his wellbutrin + wants it. He is looking forward to transfer

Drug History: Alcohol Abuse:☐Yes/☐No; D.O.C.: ☐Cocaine/☐Heroin/☐Marijuana/☐Methamphetamine ☐PCP

Allergies ☐ NKDA; Seizure d/o: ☐Yes/☐No

Current Psych Medications: ☐None/☐Abilify/☐Benadryl/☐Celexa/☐Depakote/☐Effexor XR/ ☐Elavil/ ☐Geodon/ ☐Lexapro /☐Lithium /☐Paxil /☐Prozac/☐Remeron/☐Risperdal/☐Seroquel (circled)/☐Trazodone/ ☐Tenex/☐Vistaril ☐Wellbutrin (circled)/☐Zoloft/☐Zyprexa

Side Effects: ☐ Yes ☐ No

Suicide History: ☐ Denies h/o any past suicide attempt;

O: Mental Status Exam

Appearance	☑Average, well formed physically ☐ Obese ☐ Poorly groomed ☐ Facial tattoo, Piercing ________		
Behavior	☑Cooperative ☐ Appropriately friendly ☐ reserved ☐ Avoidant		
Eye Contact	☑Normal ☐ Poor		
Speech	☑Normal rate, volume, latency, and tone ☐ Rapid, pressured speech ☐ Slow ☐ increased paucity		
Motor	☑Without Involuntary movements ☐ PMA ☐ PMR ☐ tremor	AIMS SCORE	
Mood today is	☑Euthymic ☐ Dysphoric ☐ Dysthymic ☐ Euphoric		
Affect	☑Full range ☐ Constricted ☐ Blunted ☐ Flat		
	☑Mood congruent ☐ Mood Incongruent		
Thought Processes	☑Goal directed, linear ☐ Tangential ☐ Circumstantial ☐ L.O.A.		
Thought Perception	☑No Delusions ☐ Delusions ☐ Illusions		
Thought Content	☑No Hallucinations ☐ A.H. ☐ V.H.		
Suicidal Ideation	☑Denies, currently stable, NO SI ☐ SI	☐ Intent ☐ Means ☐ Plan	
Homicidal Ideation	☑Denies any, at present time, None evident ☐ HI	☐ Intent ☐ Means ☐ Plan	
Insight	☑Good ☐ Limited ☐ Poor		
Judgment	☑Good ☐ Limited ☐ Poor		

LAB RESULTS:

ASSESSMENT

Axis I Depression d/o NOS

Axis II ☐ Deferred

Axis III

Axis IV Incarceration Yrs: Mos: ☐ Uncertain about date of parole.

Axis V Current GAF = 58

PLAN ☐ Labs Ordered RTC:

☐ Continue current psych med regimen ☐ Revise current psych med regimen

☐ Patient noted to show improvement and progress on current medications. Rationale for revision / continuing:

I/M stable on meds

PATIENT EDUCATION

☐ Medication Informed Consent Obtained

☐ Patient educated about the nature of his mental illness; risks, benefits, and alternatives to treatment options, most common and serious side effects discussed including but not limited to carbohydrate metabolism and potential suicidality.

☐ sleep hygiene ☐ compliance ☐ relapse prevention

☐ Patient refuses psych meds, does not meet criteria for Keyhea, & Med Refusal form is in file.

Print Name: MICHAEL W. MADDOX, M.D. Signature: Michael Maddox, MD

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [26 March 2006] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE: ☐ Inpatient ☑ Outpatient	Name: CUNNINGHAM, JAMES DOB 2-16-58 CDC # V72323 Date: 12-11-06

PSYCHIATRY

State of California, Department of Corrections -- Institution: SCC Prior Page Number : ___ ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.	
12-8-06	ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE	
	Appearance	☑ WNL
	Behavior	☑ WNL
	Mood	☑ WNL
	Sleep	☑ WNL
	Appetite	☑ WNL
	Affect	☑ WNL
	Suicidality	☑ None noted or stated
	Hallucinations	☑ None
	Delusions	☑ None
	Medications	☑ Helpful
	Referral to psychiatrist needed ☐	
	Progress of identified problems/needs/issues (see MH2)	
	COMMENTS: Seen at cell front: Doing fine, no problems to report. Appeared alert and calm. Accepted an individual visit.	
	[signature] L. Allen, Ph.D Staff Psychologist Sierra Conservation Center	

Page # ___

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE CCCMS EOP Outpatient	Last Name: Cunningham First Name: MI: CDC # V-72323 DOB __/__/__

State of California, Department of Corrections -- Institution: SCC Prior Page Number : ___ ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.
SCC
Weekly Summary of Psych Tech Clinical Rounds ASU/OHU

Dec	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date: 2006	3	4	5	6	7	8	9
Suicidal Ideation	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious
Mood	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic
	Angry	Angry	Angry	Angry	Angry	Angry	Angry
	Elated	Elated	Elated	Elated	Elated	Elated	Elated
	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious
	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed
	Sad	Sad	Sad	Sad	Sad	Sad	Sad
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Affect	Broad	Broad	Broad	Broad	Broad	Broad	Broad
	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted
	Flat	Flat	Flat	Flat	Flat	Flat	Flat
	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent
	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted
	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Orientation	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4
Cooperation	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi
Sleep	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Appetite	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Hygiene	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Med Compliant?	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A EE	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A AR	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A

Current MHSDS Status: ☐CCCMS ☐EOP ☐MHCB Current Placement: ☐ASU ☐OHU

Referral	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA
Signature				KC	KC	KC	KC

Weekly Summary
12/9/06 I/M stable cooperative & c/o no acute MH. distress — K. Cournell PT

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: Cunningham First Name: MI: CDC # V-72323 DOB __/__/__

State of California, Department of Corrections -- Institution: SCC

Prior Page Number : ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

SCC

Weekly Summary of Psych Tech Clinical Rounds

ASU/OHU

Nov-Dec.	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date: 2006	11/26	11/27	11/28	11/29	11/30	12/1	12/2
Suicidal Ideation	None Noted	None Noted	None Noted	None Noted	None Noted	None Noted	None Noted
	Mild	Mild	Mild	Mild	Mild	Mild	Mild
	Serious	Serious	Serious	Serious	Serious	Serious	Serious
Mood	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic
	Angry	Angry	Angry	Angry	Angry	Angry	Angry
	Elated	Elated	Elated	Elated	Elated	Elated	Elated
	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious
	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed
	Sad	Sad	Sad	Sad	Sad	Sad	Sad
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Affect	Broad	Broad	Broad	Broad	Broad	Broad	Broad
	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted
	Flat	Flat	Flat	Flat	Flat	Flat	Flat
	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent
	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted
	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Orientation	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4
Cooperation	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi
Sleep	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Appetite	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Hygiene	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Med Compliant?	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A

Current MHSDS Status: ☒CCCMS ☐EOP ☐MHCB Current Placement: ☒ASU ☐OHU

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Referral	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA
Signature	[signature]	[signature]	K C	[signature]	[signature]	K Cowne	K C

Weekly Summary

Scheduled for IDTT 11-29

Scheduled for ICC 11/30/06 K Co...

12/2/06 I/M stable - In no acute mental distress at this time. [signature] LPT

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: CUNNINGHAM First Name: MI: CDC # V-72323 DOB ___

Clinical Summary Outline for ICC

Institution Name: SCC **Housing, prior to AD/SEG:** ______

1. Inmate Name and CDC#	Cunningham V72323
2. Date placed in AD/SEG	
3. a. Documented reason(s) for placement in AD/SEG b. Inmate's perception of incident	Safety
4. Type of Review (circle one)	114-D Review (Initial ICC) 30-day Review RVR
5. Single cell/Double cell suitability (circle one)	Single cell (Double cell)
6. a. Apparent ability to understand Due Process, including the disciplinary and classification process (circle one) b. Needs staff assistant.	(Yes) No Unable to determine Yes (No)
7. MHSDS current Level Of Care (circle one)	Non-patient (CCCMS) EOP MHCB
8. Date first included in the MHSDS	
9. Response to treatment (circle one)	Poor Fair (Good) ~~Medication complaint~~ non-complaint Unable Unwilling
10. Behavioral Alerts	Suicidal behavior/risk Assaultive behavior/risk Vulnerable (likely to be victimized) ADL adequate Needs assistance
11. IDTT Recommendation for Level of Care (circle one)	Non-patient (CCCMS) EOP MHCB
12. Prognosis for stabilization, if AD/SEG placement continues (circle one)	Poor Guarded Fair (Good)
13. IDTT Recommendation for alternative placement (circle one)	CCCMS (GP) L4 EOP PSU DMH
14. IDTT Recommendation--Other	

ICC date and action: 11/30/06 Hold pending transfer, safety

Inmate behavior during ICC and response to ICC action: Agitated, angry, understood, finally agreed

Next ICC scheduled for: ______

ICC decision overruled IDTT recommendation for alternative placement. Special Review is scheduled for: ______

Allen [signature] 11-30-06

Clinician's Name Signature Date

ASU INTERDISCIPLINARY TREATMENT TEAM REVIEW

DATE: 11-29-06

Members present:

- (✓) L. Allen, Ph.D
- (✓) Maddox, MD, Psychiatrist
- ( ) R. Otto, Ph.D
- ( ) L. Brady, LPT
- (✓) L. Day, LPT
- (✓) Inmate attended
- (✓) C/O Hope
- (✓) CC Esquer
- ( ) CCII

Reason for Review:

- (✓) Initial Review
- ( ) Treatment Plan Review
- ( ) Annual Review
- (✓) Case Review
- ( ) Program Removal
- ( ) AD SEG Placement
- ( ) Other:

Administrative Segregation Issues (if applicable)

Date of AD SEG Placement: ____ *Initial ICC Date:* ____ *Next ICC Date:* ____

Reason for Placement:

Current AD SEG Disp:

Pertinent Case Factors Discussed: ( ) *Treatment Plan Reviewed and Signed*

Team Input/Recommendations: ( ) *Not Applicable*

Action Plan: ( ) *See Treatment Plan*

Other: ICC tomorrow

( ) *Appropriate Chrono Completed* *Next Review Date:* ( )

Clinical Case Manager: (circle one) (*L. Allen, Ph.D*) *None*

Signature: [signature]

INMATE: Cunningham

NUMBER: V2323

IDTT AdSeg.doc

State of California, Department of Corrections -- Institution: SCC Prior Page Number : ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.
11-29-06	ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE
	Appearance ☑ WNL
	Behavior ☑ WNL
	Mood ☑ WNL
	Sleep ☑ WNL
	Appetite ☑ WNL
	Affect ☑ WNL
	Suicidality ☑ None noted or stated
	Hallucinations ☑ None
	Delusions ☑ None
	Medications ☐ Helpful
	Referral to psychiatrist needed ☐
	Progress of identified problems/needs/issues (see MH2)
	COMMENTS:
	Battered on SCC III. Basically doing fine;
	not too upset. Says it was just politics.
	Discussed ASU issues
	[signature]

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES	LEVEL OF CARE	Last Name: First Name: MI:
MH 3 [3/21/96]	CCCMS	Cunningham, James
Confidential Client/Patient Information See W & I Code, Section 5328	EOP Outpatient	CDC # V-72323 DOB __/__/__

State of California, Department of Corrections -- Institution: SCC Prior Page Number : ___ ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.	
11-28-06	ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE	
	Appearance	☐ WNL eyes are very red
	Behavior	☑ WNL
	Mood	☑ WNL
	Sleep	☐ WNL poor
	Appetite	☑ WNL
	Affect	☑ WNL
	Suicidality	☑ None noted or stated
	Hallucinations	☑ None
	Delusions	☑ None
	Medications	☐ Helpful
	Referral to psychiatrist needed ☑	
	Progress of identified problems/needs/issues (see MH2)	
	COMMENTS:	
	Wants a meds adjustment. Will refer to psychiatrist tomorrow. Basically doing very well. Will go to ICC this week.	
	[signature]	
	L. Allen, Ph.D Staff Psychologist Sierra Conservation Center	Page #___

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96]	LEVEL OF CARE CCCMS	Last Name: First Name: MI: Cunningham, James
Confidential Client/Patient Information See W & I Code, Section 5328	EOP Outpatient	CDC # V-72323 DOB __/__/__

State of California, Department of Corrections -- Institution: SCC   Prior Page Number : ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.
SCC
Weekly Summary of Psych Tech Clinical Rounds   ASU/OHU

Nov	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date: 2006	19	20	21	22	23	24	25
Suicidal Ideation	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious
Mood	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic
	Angry	Angry	Angry	Angry	Angry	Angry	Angry
	Elated	Elated	Elated	Elated	Elated	Elated	Elated
	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious
	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed
	Sad	Sad	Sad	Sad	Sad	Sad	Sad
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Affect	Broad	Broad	Broad	Broad	Broad	Broad	Broad
	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted
	Flat	Flat	Flat	Flat	Flat	Flat	Flat
	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent
	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted
	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Orientation	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4
Cooperation	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi
Sleep	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Appetite	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Hygiene	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Med Compliant?	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A

SEE MAR

Current MHSDS Status: ☒CCCMS ☐EOP ☐MHCB   Current Placement: ☒ASU ☐OHU

Referral	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA
Signature			KCLPT	[illegible]	[illegible]	[illegible]	KCLPT

Weekly Summary: Arrived in Ad-SEG late 10/20/06. 4 11/23/06 @AM well but states to tired in AM to get ↑. [illegible] Otherwise in no acute mental distress. Ke 11/23

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: Cunningham First Name: MI: CDC # V-72323 DOB __/__/__

State of California, Department of Corrections – Institution: SCC Prior Page Number : ___ ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.
1-22-06	ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE
	Appearance ☑ WNL
	Behavior ☑ WNL
	Mood ☑ WNL
	Sleep ☑ WNL
	Appetite ☑ WNL
	Affect ☑ WNL
	Suicidality ☑ None noted or stated
	Hallucinations ☑ None
	Delusions ☑ None
	Medications ☑ Helpful
	Referral to psychiatrist needed ☐
	Progress of identified problems/needs/issues (see MH2)
	COMMENTS: Seen at cell front: Doing fine, no problems to report. Appeared alert and calm. Accepted an individual visit.
	[signature]
	L. Allen, Ph.D Staff Psychologist Sierra Conservation Center

Page # ______

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE CCCMS EOP Outpatient	Last Name: Cunningham First Name: MI: CDC # V-72323 DOB __/__/__

State of Ca[...]nia Department of Corrections & R[...]abilitation
Sierra Conservation Center Progress Note

Date: 11/6/2006 **Time:** 1330 **EPRD:** / 1/4 **Controlling Case:**

S: Patient ID: 48 y/o ☐Single/☐Married/☐Common Law/☐Divorced; Children:

HPI & Complaints: [source of information is the patient]

Sleep Problem: ☑None/☐Getting to sleep/☐Staying asleep/☐Early wakening/☐Nightmares

Appetite: ☑Normal/☐Increased/☐Decreased; Energy Level: ☐Normal/☐Increased/☐Decreased

Mood: ☑normal ups and downs/☐Increased anxiety/☐Frequent changes from too euphoric to too depressed/☑Hopeless/ ☐Helpless ☐Feelings of worthlessness/☐Preoccupation with death/☐Passive S/I/☐Active S/I/☐ Suicide Plan/☐Tearful/☐Worries about health/☐Poor concentration/☐Racing thoughts//☐Difficulty controlling anger

Stressors: I/M reported he is [illegible] his [illegible] + [illegible] working for him

Drug History: Alcohol Abuse: ☐Yes/☐No; D.O.C.: ☐Cocaine/☐Heroin/☐Marijuana/☐Methamphetamine ☐PCP

Allergies ☐ NKDA; **Seizure d/o:** ☐Yes/☐No

Current Psych Medications: ☐None/☐Abilify/☐Benadryl/☐Celexa/☐Depakote/☐Effexor XR/ ☐Elavil/ ☐Geodon/☐Lexapro /☐Lithium /☐Prozac ☑Remeron/☐Risperdal/☐Seroquel/☐Trazodone/ ☐Tenex/☐Vistaril ☐Wellbutrin/☐Zoloft/☐Zyprexa

Side Effects: ☐ Yes ☐ No

Suicide History: ☐ Denies h/o any past suicide attempt;

O: Mental Status Exam

Appearance	☑Average, well formed physically ☐Obese ☐Poorly groomed ☐Facial tattoo, Piercing ______
Behavior	☑Cooperative ☐Appropriately friendly ☐reserved ☐Avoidant
Eye Contact	☑Normal ☐Poor
Speech	☑Normal rate, volume, latency, and tone ☐Rapid, pressured speech ☐Slow ☐increased paucity
Motor	☑Without Involuntary movements ☐PMA ☐PMR ☐tremor **AIMS SCORE**
Mood today is	☑Euthymic ☐Dysphoric ☐Dysthymic ☐Euphoric
Affect	☑Full range ☐Constricted ☐Blunted ☐Flat
	☑Mood congruent ☐Mood Incongruent
Thought Processes	☑Goal directed, linear ☐Tangential ☐Circumstantial ☐L.O.A.
Thought Perception	☑No Delusions ☐Delusions ☐Illusions
Thought Content	☑No Hallucinations ☐A.H. ☐V.H.
Suicidal Ideation	☑Denies, currently stable, NO SI ☐SI ☐Intent ☐Means ☐Plan
Homicidal Ideation	☑Denies any, at present time, None evident ☐HI ☐Intent ☐Means ☐Plan
Insight	☑Good ☐Limited ☐Poor
Judgment	☑Good ☐Limited ☐Poor

LAB RESULTS:

ASSESSMENT

Axis I Depressive d/o NOS

Axis II ☑Deferred

Axis III

Axis IV **Incarceration** Yrs: Mos: ☐Uncertain about date of parole

Axis V Current GAF = 55

PLAN ☐ **Labs Ordered** **RTC:** 6 mo

☑Continue current psych med regimen ☐Revise current psych med regimen

☐ Patient noted to show improvement and progress on current medications. Rationale for revision / continuing:

D/w stable on meds

PATIENT EDUCATION

☐ Medication Informed Consent Obtained

☐ Patient educated about the nature of his mental illness; risks, benefits, and alternatives to treatment options, most common and serious side effects discussed including but not limited to carbohydrate metabolism and potential suicidality.

☐ sleep hygiene ☐ compliance ☐ relapse prevention

☐ Patient refuses psych meds, does not meet criteria for Keyhea, & Med Refusal form is in file.

Print Name: MICHAEL W. MADDOX, M.D. **Signature:** Michael Maddox, MD

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [26 March 2006] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE: ☐Inpatient ☐Outpatient	Name: Cunningham, Jane DOB 2/16/58 CDC # V72323 Date: 11-6-06

State of Ca[...]nia Department of Corrections & [...]itation
Sierra Conservation Center Progress Note

Date: 10/22/2006 **Time:** 1400 **EPRD:** 1/14 **Controlling Case:**
S: Patient ID: 48 y/o ☐Single/☐Married/☐Common Law/☐Divorced; Children: 7 children
HPI & Complaints: [source of information is the patient]
Sleep Problem: ☑None/☐Getting to sleep/☐Staying asleep/☐Early wakening/☐Nightmares
Appetite: ☑Normal/☐Increased/☐Decreased; Energy Level: ☐Normal/☐Increased/☐Decreased
Mood: ☑normal ups and downs/☐Increased anxiety/☐Frequent changes from too euphoric to too depressed/☐Hopeless/☐Helpless ☐Feelings of worthlessness/☐Preoccupation with death/☐Passive S/I/☐Active S/I/☐ Suicide Plan/☐Tearful/☐Worries about health/☐Poor concentration/☐Racing thoughts//☐Difficulty controlling anger
Stressors: I/M reported that he has been accused of not taking his medication when he was reluctant to open his mouth to be checked. He feels it is demeaning.
Drug History: Alcohol Abuse ☐Yes/☐No; D.O.C.: ☐Cocaine/☐Heroin/☐Marijuana/☑Methamphetamine ☐PCP
Allergies ☐ NKDA; **Seizure d/o:** ☐Yes/☐No
Current Psych Medications: ☐None/☐Abilify/☑Benadryl/☐Celexa/☐Depakote/☐Effexor XR/ ☐Elavil/ ☐Geodon/☐Lexapro /☐Lithium /☐Prozac ☑Remeron/☐Risperdal/☐Seroquel/☐Trazodone/ ☐Tenex/☐Vistaril ☑Wellbutrin/☐Zoloft/☐Zyprexa
Side Effects: ☐ Yes ☑ No
Suicide History: ☐ Denies h/o any past suicide attempt
O: Mental Status Exam

Appearance	☑ Average, well formed physically ☐ Obese ☐ Poorly groomed ☐ Facial tattoo, Piercing
Behavior	☑ Cooperative ☐ Appropriately friendly ☐ reserved ☐ Avoidant
Eye Contact	☑ Normal ☐ Poor
Speech	☑ Normal rate, volume, latency, and tone ☐ Rapid, pressured speech ☐ Slow ☐ increased paucity
Motor	☑ Without Involuntary movements ☐ PMA ☐ PMR ☐ tremor **AIMS SCORE**
Mood today is	☑ Euthymic ☐ Dysphoric ☐ Dysthymic ☐ Euphoric
Affect	☑ Full range ☐ Constricted ☐ Blunted ☐ Flat ☑ Mood congruent ☐ Mood Incongruent
Thought Processes	☑ Goal directed, linear ☐ Tangential ☐ Circumstantial ☐ L.O.A.
Thought Perception	☑ No Delusions ☐ Delusions ☐ Illusions
Thought Content	☑ No Hallucinations ☐ A.H. ☐ V.H.
Suicidal Ideation	☑ Denies, currently stable, NO SI ☐ SI ☐ Intent ☐ Means ☐ Plan
Homicidal Ideation	☑ Denies any, at present time, None evident ☐ HI ☐ Intent ☐ Means ☐ Plan
Insight	☑ Good ☐ Limited ☐ Poor
Judgment	☑ Good ☐ Limited ☐ Poor

LAB RESULTS:

ASSESSMENT
Axis I Depressive d/o NOS
Axis II ☑ **Deferred**
Axis III
Axis IV **Incarceration** Yrs: Mos: ☐ Uncertain about date of parole
Axis V Current GAF = 55
PLAN ☐ **Labs Ordered** **RTC:** 11-21-06
☑ Continue current psych med regimen ☐ Revise current psych med regimen
☐ Patient noted to show improvement and progress on current medications. Rationale for revision / continuing:
I/M instructed he has to submit to mouth checks to receive medication.

PATIENT EDUCATION
☐ Medication Informed Consent Obtained
☐ Patient educated about the nature of his mental illness; risks, benefits, and alternatives to treatment options; most common and serious side effects discussed including but not limited to carbohydrate metabolism and potential suicidality.
☑ sleep hygiene ☑ compliance ☑ relapse prevention
☐ Patient refuses psych meds, does not meet criteria for Keyhea, & Med Refusal form is in file.
Print Name: MICHAEL W. MADDOX, M.D. **Signature:** Michael Maddox, MD

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [26 March 2006] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE: ☐ Inpatient ☑ Outpatient	Name: Cunningham, James DOB: 9/6/58 CDC # V72323 Date: 10/22/06

Please FILE

State of California Department of Corrections & Rehabilitation
Sierra Conservation Center Progress Note

Date: 10/16/2006 Time: 15:20 Face to face interview ☑Yes/☐No EPRD: 2014

SUBJECTIVE: Patient ID: 48 y/o ☑Single/☐Married/☐Common Law/☐Divorced; Children: 6

HPI & Complaints: [source of information is the patient]

Pt feels he needs more energy in the afternoon the feels a little depressed than

Drug History: Alcohol Abuse:☐Yes/☐No; D.O.C.: ☐Cocaine/☐Heroin/☐Marijuana/☐Methamphetamine ☐PCP

Allergies ☐ NKDA; Seizure d/o: ☐Yes/☑No

Current Psych Medications: ☐Benadryl/☐Celexa/☐Depakote/☐Effexor XR/ ☐Geodon/☐Lexapro /☐Lithium /☐Prozac ☐Remeron/☑Seroquel/☐Trazodone/☐Wellbutrin/☐Zoloft/☐Zyprexa Wellbutrin

Side Effects: ☐ Yes ☐ No

Suicide History: ☐ Denies h/o any past suicide attempt;

OBJECTIVE Mental Status Exam

Appearance	☑ Average, well formed physically ☐ Obese ☐ Poorly groomed ☐ Facial tattoo, Piercing ____
Behavior	☑ Cooperative ☐ Appropriately friendly ☐ reserved ☐ Avoidant
Eye Contact	☑ Normal ☐ Poor
Speech	☑ Normal rate, volume, latency, and tone ☐ Rapid, pressured speech ☐ Slow ☐ increased paucity
Motor	☑ Without Involuntary movements ☐ PMA ☐ PMR ☐ tremor **AIMS SCORE**
Mood today is	☑ Euthymic ☐ Dysphoric ☐ Dysthymic ☐ Euphoric
Affect	☑ Full range ☐ Constricted ☐ Blunted ☐ Flat
	☑ Mood congruent ☐ Mood Incongruent
Thought Processes	☑ Goal directed, linear ☐ Tangential ☐ Circumstantial ☐ L.O.A.
Thought Perception	☑ No Delusions ☐ Delusions ☐ Illusions
Thought Content	☑ No Hallucinations ☐ A.H. ☐ V.H.
Suicidal Ideation	☑ Denies, currently stable, NO SI ☐ SI ☐ Intent ☐ Means ☐ Plan
Homicidal Ideation	☑ Denies any, at present time, None evident ☐ HI ☐ Intent ☐ Means ☐ Plan
Insight	☑ Good ☐ Limited ☐ Poor
Judgment	☑ Good ☐ Limited ☐ Poor

LAB RESULTS:

ASSESSMENT

Axis I Depressive d/o NOS

Axis II ☐ **Deferred**

Axis III

Axis IV Incarceration Yrs: 2 Mos: ☐ Uncertain about date of parole.

Axis V Current GAF = 50

PLAN ☐ **Labs Ordered** **RTC:**

☐ Continue current psych med regimen ☐ Revise current psych med regimen

☐ Patient noted to show improvement and progress on current medications. Rationale for revision / continuing:

↑ Wellbutrin to 100 qNoon + 150 qAM

PATIENT EDUCATION

☐ Medication Informed Consent Obtained

☑ Patient educated about the nature of his mental illness; risks, benefits, and alternatives to treatment options, most common and serious side effects discussed including but not limited to carbohydrate metabolism and potential suicidality.

☐ sleep hygiene ☑ compliance ☑ relapse prevention

☐ Patient refuses psych meds, does not meet criteria for Keyhea, & Med Refusal form is in file.

Print Name: MICHAEL W. MADDOX, M.D. Signature: Michael Maddox, MD

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [26 March 2006] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE: ☐ Inpatient ☑ Outpatient	Name: Cunningham, James DOB: 2/16/58 CDC # V72323 Date: 10-16-06

State of California, Department of Corrections–Institution: S C C Prior Page Number: ________

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

[EPRD 2014]

Date/Time:	Use Name & Title Stamp:
10/12/06	ψ Note – 90 Day CM F/U "hope next yr. – I've got an appeal"
S:	"I'm good... the medications fine... It helps c̄ day to day coping c̄ the penitentiary system you know officers give you a bad X... I'm in Bldg 5... I go to Cel. Recovery... Visiting... Medical – I get around – I'm working a good program. I go to computer class – @ August I had a breakdown – I felt my recovery wasn't working, everyone was out to get me ... I've only been really working Recovery/faith c̄ 9 months
O:	I.M. is a 52 D, h/g AA [illegible] → 7 children (30 → 6 y.o.). "The boys are all grown, my mother is kinda in charge my ex-[illegible] resented that, but I felt it was best for the girls". MSE: Fully WNL's Ø DTS, Ø hx. S/As; Ø DTO's currently. I.M. freely admits to violent hx, but reports extensive, sincere efforts toward Δ. Ø dx sxs, Ø acute sxs of mood D.O. I.M. med compliant c̄ Ø (–) S.E.'s
A:	Very personable, engaging, forthcoming, seemingly sincere I.M. striving for self-improvement & Δ. Hx: Dxs: axis I Dep. D.O. NOS & E[illegible] Dep. – [illegible] Remission axis I V71.01 Antisoc. adult behavior V71.02 " " adol. " (Hx: Gang Involvement) GAF = 70
P:	– Cont Visitng as sched. – Cont Clin Case Mgt F/U ≤ 90 days &/or I.M. request. G. Moore, PhD

Page #

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE C3 Inpatient Outpatient (circled)	Last Name: First Name: MI: Cunningham, James CDC# V72323 DOB 2/16/58

VOS 20399

SIERRA CONSERVATION CENTER
INTERDISCIPLINARY TREATMENT TEAM REVIEW

DATE: 7/20/06

Members present:		Reason for Review:	
(X)	Moore PhD, Staff Psychologist	( )	Initial Review
(X)	Otto, PhD, Senior Psychologist	( )	Treatment Plan Review
( )	Allen, PhD, Staff Psychologist	(X)	Annual Review
( )	Backlund, PhD, Staff Psychologist	( )	Program Review
( )	Sanchez, LCSW	( )	Program Removal
(X)	Parks, PhD, Staff Psychologist	( )	Case Review
( )	Lancaster, PhD, Staff Psychologist	( )	AD SEG Placement
( )	Savage, PhD, Staff Psychologist	( )	Other:
( )	Halliburton, PhD, Staff Psychologist	( )	
( )	Palmer, MD, Staff Psychiatrist		
(X)	Lemp, MD, Psychiatrist		
(X)	CCI Lopez		
( )	Inmate attended		

Date of AD SEG Placement: ______ Initial ICC Date: ______ Next ICC Date: ______

Reason for Placement: ______

Current AD SEG Disp.: ______

Pertinent Case Factors Discussed: (X) Treatment Plan Reviewed and Signed

Team Input/Recommendations: (X) Not Applicable

Action Plan: (X) See Treatment Plan

Other: Cont. c̄ LOC

( ) Appropriate Chrono Completed   Next Review Date: ( ) 7/20/07

Clinical Case Manager: INMATE: Cunningham, J.

Signature: Y. Moore, PhD   NUMBER: V72323

IDTT#1

State of California, Department of Corrections -- Institution: SCC Prior Page Number : ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	(CM) 30 D F/U Use Name & Title Stamp.
7/13/06	ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE
@ 1140	Appearance Cane - knee ☒ WNL
	Behavior Talkative ☒ WNL
	Mood low in Am's. ☒ WNL
	Sleep corrected c̄ Rx ☒ WNL
	Appetite good ☒ WNL
	Affect cooperative, labile ☒ WNL
	Suicidality occ S/I, Ø Attempts ☒ None noted or stated Ø Hx
	Hallucinations Ø ☒ None
	Delusions Ø ☐ None
	Medications Benadryl, Seroquel 600, Remeron 15mg ☒ Helpful Nice combo. (fatigue) would like wellbutrin 600!
	Referral to psychiatrist needed ☒ refer to MD →
	Progress of identified problems/needs/issues (see MH2)
	COMMENTS:
	- Hurt himself: ~~knee~~ chair fell apart. No X-ray.
	- Missing family Ø phone calls. Recovery M-SAT. Church SW. Helps!
	- ~~Stag~~ struggles c̄ fatigue & motivation.
	- Waiting for group - "self ?" 26th
	- Ø take Institutional issues personally.
	R. Park, PhD.
	7-20-06 0940 ō s/z
	OK, but wants wellbutrin
	OK, Strattera and wellbutrin) Rob

Page # ___

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE (CCCMS) EOP Outpatient	Last Name: First Name: MI: Cunningham, James CDC # V-72323 DOB 2/16/58

7-18-06 JUL 07 2006 Copy for mental health 294787

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT 7/5/06

A fee of $5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☑ MENTAL HEALTH ☑ DENTAL ☐ MEDICATION REFILL ☑

NAME	CDC NUMBER	HOUSING
James Cunningham	V72323	5-T-111
PATIENT SIGNATURE		DATE 7-3-05

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) Twisted Knee pain full-also need to see psych about mornings meds s.a.p. Need Tums Antacids Problems Lower Back Pains, I have fell of a broken chair

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from $5.00 copayment. (Send pink copy to Inmate Trust Office.)

PART II: TO BE COMPLETED BY THE TRIAGE REGISTERED NURSE 7/5/06

Date / Time Received:	**Received by:**
Date / Time Reviewed by RN:	**Reviewed by:**

S: Pain Scale: 1 2 3 4 5 6 7 8 9 10

O: T: P: R: BP: WEIGHT:

A:

P:

☐ **See Nursing Encounter Form**

E:

APPOINTMENT SCHEDULED AS:	EMERGENCY (IMMEDIATELY) ☐	URGENT (WITHIN 24 HOURS) ☐	ROUTINE (WITHIN 14 CALENDAR DAYS) ☐

REFERRED TO PCP:	DATE OF APPOINTMENT:
COMPLETED BY	NAME OF INSTITUTION

PRINT / STAMP NAME	SIGNATURE / TITLE	DATE/TIME COMPLETED

CDC 7362 (Rev. 03/04) Original - Unit Health Record Yellow - Inmate (if copayment applicable) Pink - Inmate Trust Office (if copayment applicable) Gold - Inmate

7-18-06 Dr. Church JUL 07 2006 Copy for mental health 294787

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEAL. . CARE SERVICES REQUEST ORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT 7/5/06

A fee of $5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☑ MENTAL HEALTH ☑ DENTAL ☐ MEDICATION REFILL ☑

NAME	CDC NUMBER	HOUSING
James Cunningham	V72323	5-T-111
PATIENT SIGNATURE		DATE 7-3-05

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) Twisted knee pain full also need to see psych about morning meds s.a.p. need Tums antacids problems lower back pains, I have fell of a broken chair

A. Moore 7/20

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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PART II: TO BE COMPLETED BY THE TRIAGE REGISTERED NURSE 7/5/06

Date / Time Received:	**Received by:**
Date / Time Reviewed by RN:	**Reviewed by:**

S: Pain Scale: 1 2 3 4 5 6 7 8 9 10

O: T: P: R: BP: WEIGHT:

A:

P:

☐ **See Nursing Encounter Form**

E:

APPOINTMENT SCHEDULED AS:	EMERGENCY (IMMEDIATELY) ☐	URGENT (WITHIN 24 HOURS) ☐	ROUTINE (WITHIN 14 CALENDAR DAYS) ☐

REFERRED TO PCP:	DATE OF APPOINTMENT:
COMPLETED BY	NAME OF INSTITUTION

PRINT / STAMP NAME	SIGNATURE / TITLE	DATE/TIME COMPLETED

CDC 7362 (Rev. 03/04) Original - Unit Health Record Yellow - Inmate (if copayment applicable) Pink - Inmate Trust Office (if copayment applicable) Gold - Inmate

State of California, Department of Corrections–Institution: SCC Prior Page Number:

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time: Use Name & Title Stamp.

6-28-06 10 AM ō S/I ō H/x S/A

NB: death in family 3/06 – really bad to be in prison – ↑ irritable, ↓ sleep, ↓ ambition

Ⓢ OK going sleep / wgt stable @ 290 lb

Ⓞ OK – ? short (but polite), down

Ⓐ 1° depression

Ⓟ Add Benadryl 25 mg
Add Remeron 15 mg
Cont Seroquel 600

pt. agrees

[illegible signature]

Page #

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH-3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: First Name: MI: CUNNINGHAM, JAMES V72323 02/16/58 CDC# DOB / /

State of California, Department of Corrections–Institution: S.C.C Prior Page Number:

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.
5/9/06	Chart Review F/U ꞔ IDTT (4/27/06)
	– I.M. apparently referred by DR. Church (note 3/2/06) to IDTT "for review". ? I.M.'s concern re: possible housing Δ to gym
	– IDTT 4/27/06 Rec: /Action Plan/Other as follows:
	– Cont. Same Tx Plan
	– Cont. CC Mgt F/U ≈ 30 days (this clinician if I.M. cont. housing Bldg 5)
	– I.M. assessed as "Not EOP" (at IDTT & prior evals. see note/MH 3 5/3/06
	– I.M. due for IDTT Annual ≈ 7/21/06
	– Update MH 2 (last 7/21/05), prior to "
	– Update MH 4 (last 7/13/05) PRN, " "
	– I.M. stable, however requesting appt. c̄ Psychiatrist, DR. Church (specifically) re: desires "Benadryl", ? sleep disturbance vs. ↓ tolerance for delay in sleep onset.
	– Appt c̄ Dr. Church 5/18/06 re: aforementioned.
	* Note: In last sev contacts c̄ this clinician I.M. appears c̄ request/concern c̄ secondary gain &/or apparent underlying motive(s). T. Moore, PhD
	T. Moore, PhD.

Page #:

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE C3 Inpatient Outpatient	Last Name: First Name: MI: Cunningham, Jame CDC# V72323 DOB 2/16/58

State of California, Department of Corrections–Institution: S.C.C Prior Page Number: ______

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time: [EPRD 2014] Use Name & Title Stamp.

5/3/06 Ψ Note - CM 90 Day F/U (1st Mtg. c̄ this clinician, met I.M. at IDTT)

S: "I'm ok. sometimes pretty good, other times not ... yeah I wanted to go EOP so I can move closer to my family [San Diego] ... I.M. spec. c/o "I'd like the Benadryl back ... for sleep ..."

O: I.M. is a S, 50 y.o., well-nourished, nicely groomed AA fa of 6 (5 - 30 yrs of age), & c̄ his ms. alive & well. (Misinformed re: EOP, inter-CDC transfers, etc. ... Open-minded & seemingly comprehended info., appreciative of same.) Mood = ^ dysthymic, but broad range appro affect, congruent to content of discussion. Clearly denies current S/H. I Ø hx S(A)'s; (+) hx violence. Ox4, speech spontaneous, clear, coherent, organized, Ø report/evid. of Ψotic sxs/process. (Hx: ? A/H. see prior Data Base). I & J - fair → good at this X. Historically - ~~[illegible]~~ insight - severely limited c̄ grossly impaired judgment ? 2° sub. use/abuse. Minimizes this 1:1. I.M. vaguely mentions some sleep disturbance, but Ø signif. ↓/↑ reported.

A: (Prov) Dx: Axis I Dep. D.O. NOS
ETOH Dep.
Ø acute issues, concerns ... would like Ψatrist appt re: Benadryl

P: - F/U CM ≈ 30 days (EOP if. I.M. assigned to this clinician c̄ ↑ info.)
- Ψatrist appt. per sched. ≈ 1 month, vs. I.M. req.

Page #

G. Moore, PhD

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH.3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE C3 Inpatient Outpatient	Last Name: First Name: MI: Cunningham, Jame CDC# V 72323 DOB 2/16/58

VOS 20399

SIERRA CONSERVATION CENTER
INTERDISCIPLINARY TREATMENT TEAM REVIEW

DATE: 4/27/06

Members present: X Moore, T. PhD

Members present		Reason for Review	
( )	Alexander, PhD, Staff Psychologist	( )	Initial Review
X	Otto, PhD, Senior Psychologist	( )	Treatment Plan Review
X	Allen, PhD, Staff Psychologist	( )	Annual Review
( )	Backlund, PhD, Staff Psychologist	( )	Program Review
( )	Sanchez, LCSW	( )	Program Removal
( )	Hardcastle, PhD, Staff Psychologist	( )	Case Review
X	Lancaster, PhD, Staff Psychologist	( )	AD SEG Placement
( )	Savage, PhD, Staff Psychologist	( )	Other:
( )	Halliburton, PhD, Staff Psychologist	( )	
( )	Palmer, MD, Staff Psychiatrist		
X	Lemp, MD, Psychiatrist		
X	CCI Clark		
( )	Inmate attended		

Date of AD SEG Placement ______ Initial ICC Date ______ Next ICC Date ______

Reason for Placement: ______

Current AD SEG Disp ______

Pertinent Case Factors Discussed ( ) Treatment Plan Reviewed and Signed

Team Input/Recommendations ( ) Not Applicable

Action Plan: ( ) See Treatment Plan

Other:

Follow up – Not E.O.P. Candidate at this time

( ) Appropriate Chrono Completed Next Review Date ( )

Clinical Case Manager: T. Moore PhD

INMATE: Cunningham, J.

Signature: T. Moore, PhD

NUMBER: V72323

IDTT#1

State of California, Department of Corrections–Institution: SCC Prior Page Number: ________

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.
3/2/06 1130	Psych C
	too much stimulation pm c̄ W
	wants not to go a/m ?
	referred to CCM / IDTT for revival
	nondepr / nonpsych / no other SSE
	not S/H
	A/P n/c
	CPP
	optimize
	RTC prn 3 months
	[signature]
	4-27-06 1500 IDT
	? metabolic syndrome
	[signature]

Page #________

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: Cunningham First Name: MI: J72327 CDC#________ DOB__/__/__

State of California, Department of Corrections -- Institution: SCC

Prior Page Number : ___ ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

CLINICAL CASE MANAGER PROGRESS NOTE

Date/Time 11 / 08 / 2005 ; ________

Reason for CM contact: ☒ quarterly contact ☐ staff referral ☐ self-referral ☐ RVR ☐ OHU

☐ custody referral ☐ CCM referral ☐ other ________

S Briefing is going well / I/M has been restless sleeping problems — / Will refer to psychiatrist To discuss meds.

O Appearance: ☒ WNL

Mood: ☒ WNL Affect: ☒ WNL

Thoughts: ☒ WNL Speech: ☒ WNL

Behavior: ☒ WNL Eye contact: ☒ WNL

Sleep: ☐ WNL problems Appetite: ☒ WNL

Hallucinations: ☐auditory ☐visual ☐denies Delusions: ☒ denies

DANGER TO SELF: yes/denied/(no signs) DANGER TO OTHERS: yes/denied/(no signs)

Other:

A GAF: 65 LOC: ☐GP ☒CCCMS ☐EOP Dx: ☒same as MH2 ☐change MH2 (refer to IDTT)

Impressions: ☒stable

P Next scheduled session in _____ days. Continue current Treatment Plan: ☒yes ☐no (if no, refer to IDTT)

Consulted with:

Signature: [signature], PhD

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name/First Name/MI: Cunningham James CDC # V-72323 DOB 2/16/58

State of California, Department of Corrections – Institution: SCC Prior Page Number : ___ ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

CLINICAL CASE MANAGER PROGRESS NOTE

Date/Time 8/12/2005 ________

Reason for CM contact: ☒ quarterly contact ☐ staff referral ☐ self-referral ☐ RVR ☐ OHU

☐ custody referral ☐ CCM referral ☐ other ____________

S Went to Classification – put on list for Computer Training – Doing well Sleeping is good. Appetite good.

O Appearance: ☒ WNL

Mood: ☒ WNL Affect: ☒ WNL

Thoughts: ☒ WNL Speech: ☒ WNL

Behavior: ☒ WNL Eye contact: ☒ WNL

Sleep: ☒ WNL Appetite: ☒ WNL

Hallucinations: ☐auditory ☐visual ☒denies Delusions: ☒ denies

DANGER TO SELF: yes/(denied/no signs) DANGER TO OTHERS: yes/(denied/no signs)

Other:

A GAF: 64 LOC: ☐GP ☒CCCMS ☐EOP Dx: ☒same as MH2 ☐change MH2 (refer to IDTT)

Impressions: ☒stable Was Appeal starting in Superior Court San Diego

P Next scheduled session in _____ days. Continue current Treatment Plan: ☒yes ☐no (if no, refer to IDTT)

Consulted with: ____________

Signature: [signature], PhD

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name/ First Name/MI Cunningham James CDC # V-72323 DOB 2/16/58

State of California, Department of Corrections Institution: Prior Page Number:

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES All Staff, Clinicians, Treatment Teams

Date/Time:	RC MD. Use Name & Title Stamp.
5/18/05	S/O- [illegible]
12[illegible]	He is [illegible]
	[illegible]
	[illegible]
	A- [illegible]
	P- [illegible]
	[illegible] 4/6/05)
	[illegible]
	JOHN C. [illegible]STON, M.D. Staff Psychiatrist R.J.D.C.F.
6/22/05	RC MD
10[illegible]	S/O- [illegible] He is
	[illegible] - He is
	[illegible] He is [illegible]
	[illegible] He
	[illegible]
	A- [illegible]
	P- [illegible]
	[illegible]
	[illegible] JOHN C. [illegible]STON, Staff Psychiatrist R.J.D.C.F.
7/27/05	[illegible]
1900	NAD / no sel / not SI/H / stable, CPP [illegible] Schurcha

Page # ______

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH-3 (3/21/96) Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: Cunningham First Name: MI: CDC # V-73373 DOB / /

State of California Department of Corrections Institution: Prog/Page Number:

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff Chronos, Treatment Teams

Date/Time: Psychiatric Note Use Name & Title Stamp.

4/26/05 S: c/o poor sleep, lost ID so missed a couple of Prozac's before he found it. Some dysphoria but continues to program. Occasionally hears name called. Denies thoughts of harming himself or others, delusions. Discussed lab — he says he was fasting (glu 110) + ↑'d LFT's Hx IV Heroin and shared needles ē individuals who had hepatitis.

O: alert/oriented x3/ Good grooming, average eye contact. Linear speech s̄ evidence of hallucinations, delusions, SI, HI. Mood polite, mildly anxious. Memory ē judgment intact for safety.

A: Mood D/O NOS
Chemical Dependency
↑LFT's / Serum glucose

P: Δ Remeron to 15 Bid to see if sleep ↑
Benadryl 100 PM
Continue Prozac
Refer Internal medicine
Follow 3 weeks. A. P. Chamberlain

Page # ______

MENTAL HEALTH
INTERDISCIPLINARY PROGRESS NOTES
MH-3 (3/01/96)
Confidential Client/Patient Information
See W&I Code Section 5328

LEVEL OF CARE
Inpatient

Last Name: First Name: MI:
Cunningham, James

CDC # V-12323 DOB

State of California, Department of Corrections – Institution: RJDCF Prior Page Number: ______

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time: Use Name & Title Stamp.

4-4-05 1440 R/C & Med Eval: I/P is 48 y.o. on psychotropics intermittently x 8 yrs for (CC) "sleep and mood changes... swings.... and violence, a little." I/P denies hx suicide attempts, current SI or HI. I/P reports he has mood swings "when I can't have my way." I/P notes this is his first term for assault c̄ a deadly weapon. "Ever since then, I've been in a bad mood." He notes improving mood since starting on Prozac almost 1 month ago. Appetite is fine; sleep at 4-5 hours on Seroquel. DOC - EtOH (2-3 40oz beers). I/P c/o feeling tired c̄ "no motivation at all." I/P reports hearing his name being called and peripheral shadows, no true AH or VH. I/P notes hypervigilance which he calls paranoia, but is more consistent c̄ sense of entitlement. I/P also reports hypomanic episodes, but appears to be discussing better times s̄ true mood swings. Thinking focused on the inequities of the legal system & his perceived right to reclaim items which he reports were taken from

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES

MH 3 [3/21/96]

Confidential Client/Patient Information
See W & I Code, Section 5328

LEVEL OF CARE

Inpatient

Outpatient

Last Name: Cunningham First Name: James MI:

CDC # V-72323 DOB [redacted]

State of California, Department of Corrections – Institution: RJDCF   Prior Page Number:

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams

Use Name & Title Stamp.

Date/Time:	
2-4-05 Cont'd	him. MSE: I/P is in NAD, but focuses on desire for improved situation.
	No SI/HI/AH/VH/delusions. Thinking logical; IQ is WNL. Judgement & insight are limited.
	Fam hx: I/P reports father is Dx c̄ "paranoid schizophrenia", & had problems c̄ EtOH, & Rx'd c̄ Prozac & Klonopin.
	I/P denies SE c̄ Prozac or Seroquel
	A. I. Mood disorder NOS
	R/O Adjustment issues
	II. Deferred
	III. h/o of asthma
	IV. first term
	V. 60
	Plan: ↑ Prozac, D/C Seroquel, add Remeron. RTC-1 3 week.
	C Colins

Page # 2 of 2

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES

MH 3 [3/21/96]

Confidential Client/Patient Information. See W & I Code, Section 5328

LEVEL OF CARE

Inpatient

Outpatient

Last Name: Cunningham First Name: James MI:

CDC # V-72323 DOB / /

MENTAL HEALTH TREATMENT PLAN

I. General Information

Treatment Setting **CCCMS**

Arrival Date This Treatment Setting: 1/16/2007

From: SCC

Current Level of Care: ☐ NONE ☑ CCCMS ☐ EOP ☐ MHCB ☐ OTHER

Current Housing: ☐ RC ☑ GP ☐ CTC ☐ ASU ☐ PSU ☐ SHU ☐ OTHER

TODAY'S DATE 1/17/07

NEXT UPDATE 1/17/08

Custody Level: MAX

EPRD: 2014

Date Reviewed:	Initials:	Date Reviewed:	Initials:	Date Reviewed:	Initials:

II. CLINICAL SUMMARY

48 year old AA I/M who transferred from SCC on 1/12/07. He was transferred because of problems with other I/M's. His diagnoses are: Depressive D/O, NOS + Psychotic D/O, NOS. He's taking Wellbutrin + Seroquel & Vistaril. Reports: insomnia, some depression + paranoia. He has a GED + went to San Diego State College. Has good family support.

III. PROBLEM LIST

Number	Problem	Intervention/Clinician	Goal	Progress / Date
1	~~Seroquel~~	~~[illegible]~~		
2	Depression	Cognitive Beh.	Sx reduction	Sx reduction - mild dep.
3	Psychosis	" "	Sx reduction	Sx reduction. Some Paranoia
	ETOH	12 Step process	~~[illegible]~~ develop recovery plan	Positive Thought process

IV. PSYCHOTROPIC MEDICATION

Number	Problem/Target Symptom	Medication	Goal	Progress / Date
1	Psychosis	Seroquel	Sx reduction	Reduced
2	Depression	Wellbutrin	Sx reduction	Reduced
3	Insomnia	Vistaril	improve sleep	Problems

V. CURRENT RISK FACTORS/BEHAVIORAL ALERTS:

See Form Dated For Detailed Description

Summary: I/M's crime was assault with a deadly weapon. Hx of violent assault.

VI. RECOMMENDED HOUSING: ☐ Single Cell ☐ Double Cell ☒ No Recommendation

VII. TRANSFER/DISCHARGE TO: ☐ Non-MHSDS ☒ CCCMS ☐ EOP ☐ MHCB ☐ APP ☐ ICF ☐ DTP ☐ Parole

INSTITUTION CMC-E

CLINICIAN S. Rippner, PhD

INMATE BED NUMBER 7268

DATE 1/17/07

Name (Last, First, MI), CDC Number, DOB

Last Name: **CUNNINGHAM** First Name: **JAMES**

CDCR #: **V72323** DOB: **2/16/1958**

MENTAL HEALTH TREATMENT PLAN
CDCR 7388 (Rev. 06/06)

Confidential Client/Patient Information

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

...tion: CMC-E ...linician: S. Rippner, PhD Date:

...II. Mental Status Examination

A. Appearance: Well groomed

B. Behavior/Cooperation: Cooperative

C. Orientation: ☒ WNL

D. Speech: ☒ WNL

E. Affect: ☒ WNL ~~Dysphoric~~

F. Mood: ☐ WNL Dysphoric

G. Sleep/Appetite: ☐ WNL "Sleep is terrible" – Has trouble going to sleep
Appetite – fair

H. Cognition:

- Fund of Information ☒ WNL
- Intellectual Functioning ☒ WNL
- Concentration ☒ WNL
- Attention ☒ WNL
- Memory ☒ WNL

I. Though Processes: ☒ WNL ☐ Tangential ☐ Circumstantial ☐ Loose

J. Perception:

- Hallucinations ☐ None Hears voices saying "Hi or Hey"

K. Thought Content:

- Delusions ☐ None thinks he is going to jumped. It has happened before.
- Ideas of Reference ☒ None
- Obsessions ☒ None
- Magical Thinking ☒ None

L. Insight ☐ WNL fair

Judgment ☐ WNL fair

MENTAL HEALTH TREATMENT PLAN
CDCR 7388 (Rev. 06/06)

Confidential Client/Patient Information

Name (Last, First, MI), CDC Number, DOB

Last Name:	First Name:
CUNNINGHAM	**JAMES**
CDCR #:	DOB:
V72323	**2/16/1958**

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

MENTAL HEALTH TREATMENT PLAN

IX. DIAGNOSIS, CURRENT DSM

Axis I.	311	Depressive D/O, NOS
	298.9	Psychotic D/O, NOS
Axis II.	V71.09	No Diagnosis
Axis III.	Asthma, (2) Knee Injury	
Axis IV.	Incarceration	
Axis V.	GAF= 64 Specify Functional Impairment: Paranoid Behavior (Isolation)	

☐ Work/School ☐ ADL ☐ Medical ☒ Interpersonal ☒ Behavior ☐ Psychological

X. TREATMENT TEAM MEMBERS (Please Print) Team: CCC

Name	Position/Title	Signature
S. Rippner, PhD	Psychologist	

[signature] MD

[signature] LCSW

INSTITUTION CMC-E	CLINICIAN S. Rippner, PhD
INMATE BED NUMBER 7268	DATE 1/17/07

MENTAL HEALTH TREATMENT PLAN
CDCR 7388 (Rev. 06/06)

Confidential Client/Patient Information

Page 5 of 6

STATE OF CALIFORNIA

Name (Last, First, MI), CDC Number, DOB

Last Name: CUNNINGHAM
First Name: JAMES
CDCR #: V72323
DOB: 2/16/1958

DEPARTMENT OF CORRECTIONS AND REHABILITATION

State of California, Department of Corrections: N / C / S Region, Service Area = N, Institution = SCC

MENTAL HEALTH TREATMENT PLAN: Sequential Part One Identifier Number **Page 1 of 2**

☑ **Original** ☐ **Update** ☐ **Rejustification** ☐ **CCCMS Annual Case Review**

I. General Information:	**By:**	
Arrival Date This Treatment Setting: 7/8/05 ☐ CCCMS ☐ EOP ☐ MHCB/Infirmary ☐ PSU -- ☐ ______ week observation. Anticipated Date of Transfer to GP: __/__/__	☐ Team ☐ Individual Clinician ☐ MH 6 ☐ C File ☐ Health Record ☐ Unit Health Record ☐ MH 1 ☐ MH 4 ☐ Prior MH 2 __/__/__	Today Date 7/21/05 Next Up Date 7/21/06
Custody Level: I / II / (III) / IV / AdS / SHU		

II. Print Treatment Team Members	**Position**	**Telephone & Extension**
Backlund, PhD.	Psych	
Otto, PhD	"	
Church, MD	Psychiat	
Pate CCI	Corr. Couns.	

III. Present Mental Status Date 7/14/05 By LANCASTER Title

A) Appearance ☐WNL

B) Behavior ☐WNL Speech ☐WNL

C) Mood ☐WNL Sleep ☐WNL Appetite ☐WNL Affect ☐WNL

D) Cognition:
1) Fund of Information ☐WNL
2) Intellectual Functions ☐WNL
3) Organization of Thought ☐WNL
4) Association of Thought ☐WNL
5) Reality Contact ☐WNL
6) Thought Quality ☐WNL

See MH 4 7/14/05

E) Perception Disturbances (Hallucinations) ☐ None

F) Thought Content (Delusions) ☐ None

G) Sensorium (Orientation, Memory, Attention, Concentration) ☐WNL

H) Insight & Judgment ☐WNL

I) Interview Attitude ☐WNL

J) Current Suicidality ☐None noted or stated.

K) Current Violence Risk ☐None noted or stated.

MENTAL HEALTH TREATMENT PLANS, UPDATES, REJUSTIFICATION MH 2 [3/29/96] Part One: General, Team, MSE Diagnosis, Problems, Inmate Strengths Part Two: Problem Pages -- Results Use Insert-a-Page of MH 1 Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: Cunningham First Name: James MI: CDC # V72323 DOB 2/16/58

Mental Health Treatment Plan Part One: Page 2 of 2

IV. DSM IV Numerical ☐Last MSE _/_/_ ☐Last TP _/_/_ MH 1☐_/_/_ Last MH 4 ☐ _/_/_

Axis I	296.90	mood Dis NOS
	303.90	ETOH
Axis II	799.9	Deferred
Axis III		
Axis IV		(current) Incarceration
Axis V		GAF = 64 Describe basis.

V. Problem / Symptom List

#1 Depressive mood Changes

#2

#3

VI. Inmate's Strength and Weakness, Goals Inmate's Treatment Goals, ☐ MH 6 Input

Depressive mood swings

VII. Plan estimate to transfer to lower level of care:

☐Dual Diagnosis Treatment Readiness: ☐ Amenable ☐ Motivated ☐ Resistant

Signature(s)

MENTAL HEALTH TREATMENT PLANS, UPDATES, REJUSTIFICATION MH 2 [3/29/96]	LEVEL OF CARE	Last Name: First Name: MI:
Part One: General, Team, MSE Diagnosis, Problems, Inmate Strengths Part Two: Problem Pages -- Results Use Insert-a-Page of MH 1 Confidential Client/Patient Information See W & I Code, Section 5328	Inpatient Outpatient	Cunningham James CDC # V72323 DOB 2/16/58

State of California, Department of Corrections: N / C / S Region, Service Area = ___, Institution,

TREATMENT PLAN PART TWO: PROBLEM ➔ # ___ pg: ___ Today Date: 7/21/05

☐Initial Treatment Plan ☐Update because ___ ☐Re-justify, ___ weeks

Prob. #	Describe Problem: Depressive mood	Possible Completion	Date
		Next Review	Date
	Target Behavior(s): mood Changes Depressed		
	Target Objective(s): Reports Fewer mood Changes and not Depressed		

Date	Intervention (s) & Staff Assigned.	Frequency and Duration.	Results.
7/21/05	med mgmt	Daily	
	cm contact	Q90	
	Inst Program	Daily	
	Declined Group	—	
7/21/06	IDTT annual		
	Cont. C3 LOC		
	Interventions per above	— Moore, PhD	

MENTAL HEALTH TREATMENT PLANS, UPDATES, REJUSTIFICATION MH 2 [3/29/96]	LEVEL OF CARE	Last Name: Cunningham First Name: James MI:
Part One: General, Team, MSE Diagnosis, Problems, Inmate Strengths Part Two: Problem Pages -- Results Use Insert-a-Page of MH 1 Confidential Client/Patient Information See W & I Code, Section 5328	Inpatient Outpatient	CDC # V72323 DOB 2/16/58

SIERRA CONSERVATION CENTER
JAMESTOWN, CALIFORNIA

X-RAY REPORT

NAME: Cunningham, James **CDC #:** V-72323 **DATE:** 11-20-06

AGE: 49 **PHYSICIAN:** Dr. Sweetland

X-RAY OF: Mandibular series (AP, oblique, lateral submentovertex projection)
COMPARISON: None

BRIEF HISTORY: Trauma. Rule out fracture.

FINDINGS:
The examination demonstrates no soft tissue abnormalities. Bones and joints are intact. The facial bones and calvarium, as visualized, are unremarkable in appearance. The perinasal sinuses are well-pneumatized as visualized.

IMPRESSION:
Normal mandibular series.

MD: JW:jd
D: 11-22-06
T: 11-22-06

J. Wilson, M.D.
Radiologist

SCC M.D. Initials: ______ **Date:** 12/7/06

State of California, Department of Corrections – Institution: SCC   Prior Page Number : ___ ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

CLINICAL CASE MANAGER PROGRESS NOTE

Date/Time 11 / 08 / 2005 ; ________

Reason for CM contact: ☒ quarterly contact ☐ staff referral ☐ self-referral ☐ RVR ☐ OHU

☐ custody referral ☐ CCM referral ☐ other ________

S Briefing is going well / Has been restless sleeping problems – will refer to psych to discuss meds.

O Appearance: ☒ WNL

Mood: ☒ WNL   Affect: ☒ WNL

Thoughts: ☒ WNL   Speech: ☒ WNL

Behavior: ☒ WNL   Eye contact: ☒ WNL

Sleep: ☐ WNL problems   Appetite: ☒ WNL

Hallucinations: ☐ auditory ☐ visual ☐ denies   Delusions: ☒ denies

DANGER TO SELF: yes/denied/no signs (circled: denied/no signs)   DANGER TO OTHERS: yes/denied/no signs (circled: denied/no signs)

Other:

A GAF: 65   LOC: ☐ GP ☒ CCCMS ☐ EOP   Dx: ☒ same as MH2 ☐ change MH2 (refer to IDTT)

Impressions: ☒ stable

P Next scheduled session in _____ days. Continue current Treatment Plan: ☒ yes ☐ no (if no, refer to IDTT)

Consulted with:

Signature: [signature], PhD

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name/First Name/MI Cunningham James CDC # V-72323 DOB 2/16/58

State of California, Department of Corrections – Institution: SCC Prior Page Number : ___ ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

CLINICAL CASE MANAGER PROGRESS NOTE

Date/Time 8 / 12 /2005 ; ________

Reason for CM contact: ☒ quarterly contact ☐ staff referral ☐ self-referral ☐ RVR ☐ OHU

☐ custody referral ☐ CCM referral ☐ other ____________

S Went to Classification – put on list for Computer Training – Doing well Sleeping is good. Appetite good.

O Appearance: ☒ WNL

Mood: ☒ WNL | Affect: ☒ WNL

Thoughts: ☒ WNL | Speech: ☒ WNL

Behavior: ☒ WNL | Eye contact: ☒ WNL

Sleep: ☒ WNL | Appetite: ☒ WNL

Hallucinations: ☐ auditory ☐ visual ☒ denies | Delusions: ☒ denies

DANGER TO SELF: yes/denied/no signs (circled: denied/no signs) | DANGER TO OTHERS: yes/denied/no signs (circled: denied/no signs)

Other:

A GAF: 64 LOC: ☐GP ☒CCCMS ☐EOP Dx: ☒same as MH2 ☐change MH2 (refer to IDTT)

Impressions: ☒ stable Was Appeal starting in Superior Court San Diego

P Next scheduled session in _____ days. Continue current Treatment Plan: ☒ yes ☐ no (if no, refer to IDTT)

Consulted with: ____________

Signature: [signature] PhD

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name/ First Name/MI Cunningham James CDC # V-72323 DOB 2/16/58

State of California, Department of Corrections — Institution: [illegible] Prior Page Number:

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES — All Staff, Clinicians, Treatment Teams

Date/Time:	RC MD. Use Name & Title Stamp
5/18/05	S/O — sleep is poor. He [illegible] [illegible] to [illegible]
12[illegible]	He is [illegible] [illegible] [illegible] [illegible] [illegible]
	[illegible] [illegible] [illegible] [illegible] [illegible]
	[illegible] [illegible] [illegible] [illegible]
	A — [illegible] / [illegible] mood SX
	P [illegible] [illegible] [illegible] 30 [illegible]
	c [illegible] [illegible] [illegible] ([illegible] [illegible] 110 4/6/05)
	c [illegible] 4 [illegible]
	JOHN C. [illegible]STON, M.D. Staff Psychiatrist R.J.D.C.F
6/22/05	RC MD
10[illegible]	S/O — [illegible] re-check [illegible] ([illegible] [illegible] 24) He is
	[illegible] [illegible] [illegible] he [illegible] to [illegible] to 600 — He is
	[illegible] [illegible] [illegible] [illegible] [illegible] He is [illegible]
	[illegible] [illegible] [illegible] will [illegible] [illegible] [illegible] to [illegible] He
	is [illegible] [illegible]
	A — [illegible] [illegible]
	P — [illegible] 600 [illegible]
	c [illegible] [illegible] [illegible] [illegible]
	c [illegible] 4 [illegible] JOHN C. [illegible]STON
	Staff Psychiatrist R.J.D.C.F
7/28/05	[illegible] T C
1400	NAO / no se / not SI-H / stable ; cpo
	[illegible] Church[illegible]

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH-3 (3/21/96) Confidential Client/Patient Information See W. & I. Code, Section 5328	LEVEL OF CARE: Inpatient / Outpatient	Last Name: Cunningham First Name: MI: CDC # V-72373 DOB / /

State of California, Department of Corrections, Institution: ________ Prior Page Number: ________

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams

Date/Time:	Psychiatric Notes	Use Name & Title Stamp.
4/26/05	S: c/o poor sleep, lost ID so missed a couple of Prozac's before he found it. Some dysphoria but continues to program. Occasionally hears name called. Denies thoughts of harming himself or others, delusions. Discussed lab — he says he was fasting (glu 110) + ↑'d LFT's. Hx IV Heroin and shared needles c̄ individuals who had hepatitis.	
	O: Alert/oriented x3/ Good grooming, average eye contact. Linear speech s̄ evidence of hallucinations, delusions, SI, HI. Mood polite, mildly anxious. Memory + judgment intact for safety.	
	A: Mood D/O NOS	
	Chemical Dependency	
	↑LFT's / Serum glucose	
	P: Δ Remeron to 15 B.i.d to see if sleep ↑	
	Benadryl 100 PM	
	Continue Prozac	
	Refer Internal medicine	
	Follow 3 weeks. A. P. Chamberlain	

Page # ________

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 (3/21/96) Confidential Client/Patient Information	LEVEL OF CARE Inpatient	Last Name: First Name: MI: Cunningham, James
		1/77335

State of California, Department of Corrections — Institution: RJDCF Prior Page Number: ____

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.
4-4-05	R/C & Med Eval: I/P is 48 y.o. on psychotropics
1440	intermittently x 8 yrs for (CC) "sleep and
	mood changes... swings... and violence,
	a little." I/P denies hx suicide attempts,
	current SI or HI. I/P reports he has
	mood swings "when I can't have my way."
	I/P notes this is his first term for assault
	c̄ a deadly weapon. "Ever since then, I've
	been in a bad mood." He notes improving
	mood since starting on Prozac almost 1
	month ago. Appetite is fine, sleep at
	4-5 hours on Trazodone. DOC - ETOH
	(2-3 40oz beers). I/P c/o feeling tired c̄
	"no motivation at all." I/P reports hearing
	his name being called and peripheral
	shadows, no true AH or VH. I/P notes
	hypervigilance which he calls paranoia,
	but is more consistent c̄ sense of
	entitlement. I/P also reports hypomanic
	episodes, but appears to be discussing
	better times s̄ true mood swings. Thinking
	focused on the inequities of the legal
	system & his perceived right to reclaim items
	which he reports were taken from

Page # 1 of 2

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 (3/21/96) Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: Cunningham First Name: James MI: CDC # V-72323 DOB 1/1/

State of California, Department of Corrections — Institution: RJDCF Prior Page Number:

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams:

Date/Time: Use Name & Title Stamp.

4-4-05 cont'd

then MSE: I/P is in NAD, but focuses on desire for improved situation.
No SI/HI/AH/VH/delusions. Thinking logical, IQ is WNL. Judgement & insight are limited.
Fam hx: I/P reports father is Dx c̄ "paranoid schizophrenic", & had problems c̄ EtOH, & Rx'd c̄ Prozac & Klonopin.
I/P denies SE c̄ Prozac or Seroquel.
A. I. Mood disorder NOS
R/O Adjustment issues
II Deferred
III. hx of asthma
IV. first term
V. 60
Plan: ↑ Prozac, D/C Seroquel, add Remeron. RTC-1 3 week.
C Colins

Page # 2 of 2

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES

MH-3 (3/21/96)

Confidential Client/Patient Information
See W & I Code, Section 5328

LEVEL OF CARE

Inpatient

Outpatient

Last Name: Cunningham First Name: James MI:

CDC # V. 72323 DOB / /

MENTAL HEALTH TREATMENT PLAN

...ral Information ...ment Setting **CCCMS** ...ival Date This Treatment Setting: 1/16/2007 From: SCC	Current Level of Care: ☐ NONE ☑ CCCMS ☐ EOP ☐ MHCB ☐ OTHER Current Housing: ☐ RC ☑ GP ☐ CTC ☐ ASU ☐ PSU ☐ SHU ☐ OTHER	TODAY'S DATE 1/17/07 NEXT UPDATE 1/17/08
Custody Level: MAX	EPRD: 2014	

Date Reviewed:	Initials:	Date Reviewed:	Initials:	Date Reviewed:	Initials:

II. CLINICAL SUMMARY

48 year old AA I/m who transferred from SCC on 1/12/07. He was transferred because of problems with other I/m's. His diagnoses are Depressive D/O, NOS + Psychotic D/O, NOS. He's taking Wellbutrin + Seroquel + Vistaril. Reports: insomnia, some depression + paranoia. He has a GED + went to San Diego State College. Has good family support.

III. PROBLEM LIST

Number	Problem	Intervention/Clinician	Goal	Progress / Date
1	~~Seroquel~~	~~[illegible]~~		
2	Depression	Cognitive Beh.	Sx reduction	Sx reduction - mild dep.
3	Psychosis	" "	Sx reduction	Sx reduction Some Paranoia
	ETOH	12 Step process	~~[illegible]~~ develop recovery plan	Positive Thought process

IV. PSYCHOTROPIC MEDICATION

Number	Problem/Target Symptom	Medication	Goal	Progress / Date
1	Psychosis	Seroquel	Sx reduction	Reduced
2	Depression	Wellbutrin	Sx reduction	Reduced
3	Insomnia	Vistaril	Improve sleep	Problems

V. CURRENT RISK FACTORS/BEHAVIORAL ALERTS:

See Form Dated For Detailed Description

Summary: I/m's crime was assault with a deadly weapon. Has Hx of violent assault.

VI. RECOMMENDED HOUSING: ☐ Single Cell ☐ Double Cell ☒ No Recommendation

VII. TRANSFER/DISCHARGE TO: ☐ Non-MHSDS ☒ CCCMS ☐ EOP ☐ MHCB ☐ APP ☐ ICF ☐ DTP ☐ Parole

INSTITUTION CMC-E	CLINICIAN S. Rippner, PhD
INMATE BED NUMBER 7268	DATE 1/17/07

Name (Last, First, MI), CDC Number, DOB

Last Name: **CUNNINGHAM** First Name: **JAMES**

CDCR #: **V72323** DOB: **2/16/1958**

MENTAL HEALTH TREATMENT PLAN
CDCR 7388 (Rev. 06/06)

Confidential Client/Patient Information

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

MC-E | Clinician: S. Rippner, PhD | Date:

Mental Status Examination

A. Appearance: Well groomed

B. Behavior/Cooperation: Cooperative

C. Orientation: ☒WNL

D. Speech: ☒WNL

E. Affect: ☒WNL ~~Dysphoric~~

F. Mood: ☐WNL Dysphoric

G. Sleep/Appetite: ☐WNL "Sleep is terrible" – Has trouble going to sleep
appetite – fair

H. Cognition:

- Fund of Information ☒WNL
- Intellectual Functioning ☒WNL
- Concentration ☒WNL
- Attention ☒WNL
- Memory ☒WNL

I. Though Processes: ☒WNL ☐Tangential ☐Circumstantial ☐Loose

J. Perception:

- Hallucinations ☐None Hears Voices saying "Hi or Hey"

K. Thought Content:

- Delusions ☐None thinks he is going to jumped. It has happened before.
- Ideas of Reference ☒None
- Obsessions ☒None
- Magical Thinking ☒None

L. Insight ☐WNL fair

Judgment ☐WNL fair

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MENTAL HEALTH TREATMENT PLAN

IX. DIAGNOSIS, CURRENT DSM

	Code	Diagnosis
Axis I.	311	Depressive D/O, NOS
	298.9	Psychotic D/O, NOS
Axis II.	V71.09	No Diagnosis
Axis III.	Asthma, (2) Knee Injury	
Axis IV.	Incarceration	
Axis V.	GAF= 64	Specify Functional Impairment: Paranoid Behavior (Isolation)

☐ Work/School ☐ ADL ☐ Medical ☒ Interpersonal ☒ Behavior ☐ Psychological

X. TREATMENT TEAM MEMBERS (Please Print) Team: CCC

Name	Position/Title	Signature
S. Rippner, PhD	Psychologist	

[signature] MD

[signature] LCSW

INSTITUTION CMC-E

CLINICIAN S. Rippner, PhD

INMATE BED NUMBER 7268

DATE 1/17/07

Name (Last, First, MI), CDC Number, DOB

Last Name: CUNNINGHAM

First Name: JAMES

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State of California, Department of Corrections: N / C / S Region, Service Area = N, Institution = SCC

MENTAL HEALTH TREATMENT PLAN: Sequential Part One Identifier Number **Page 1 of 2**

☒ Original ☐ Update ☐ Rejustification ☐ CCCMS Annual Case Review

I. General Information:
Arrival Date This Treatment Setting: 7/8/05
☐ CCCMS ☐ EOP ☐ MHCB/Infirmary
☐ PSU -- ☐ _________ week observation.
Anticipated Date of Transfer to GP: ___/___/___
Custody Level: I / II / (III) / IV / AdS / SHU

By: ☐ Team ☐ Individual Clinician
☐ MH 6 ☐ C File ☐ Health Record
☐ Unit Health Record ☐ MH 1
☐ MH 4 ☐ Prior MH 2 ___/___/___

Today Date 7/21/05
Next Up Date 7/21/06

II. Print Treatment Team Members	Position	Telephone & Extension
Backlund, PhD.	Psych	
Otto, PhD	"	
Church, MD	Psychiat	
Pate CCI	Corr. Couns.	

III. Present Mental Status Date 7/14/05 By LANCASTER Title ______

A) Appearance ☐WNL

B) Behavior ☐WNL Speech ☐WNL

C) Mood ☐WNL Sleep ☐WNL Appetite ☐WNL Affect ☐WNL

D) Cognition:
1) Fund of Information ☐WNL
2) Intellectual Functions ☐WNL
3) Organization of Thought ☐WNL
4) Association of Thought ☐WNL
5) Reality Contact ☐WNL
6) Thought Quality ☐WNL

See MH 4
7/14/05

E) Perception Disturbances (Hallucinations) ☐ None

F) Thought Content (Delusions) ☐ None

G) Sensorium (Orientation, Memory, Attention, Concentration) ☐WNL

H) Insight & Judgment ☐WNL

I) Interview Attitude ☐WNL

J) Current Suicidality ☐None noted or stated.

K) Current Violence Risk ☐None noted or stated.

MENTAL HEALTH TREATMENT PLANS, UPDATES, REJUSTIFICATION MH 2 [3/29/96]	LEVEL OF CARE	Last Name: Cunningham First Name: James MI:
Part One: General, Team, MSE Diagnosis, Problems, Inmate Strengths Part Two: Problem Pages -- Results Use Insert-a-Page of MH 1 Confidential Client/Patient Information See W & I Code, Section 5328	Inpatient Outpatient	CDC # V-72323 DOB 2/16/58

Mental Health Treatment Plan Part One: **Page 2 of 2**

IV. DSM IV Numerical ☐Last MSE __/__/__ ☐Last TP __/__/__ MH 1☐ __/__/__ Last MH 4 ☐ __/__/__

Axis I	296.90	Mood Dis NOS
	303.90	ETOH
Axis II	799.9	Deferred
Axis III		
Axis IV		(current) Incarceration
Axis V		GAF = 64 Describe basis.

V. Problem / Symptom List

#1 Depressive mood Changes

#2

#3

VI. Inmate's Strength and Weakness, Goals Inmate's Treatment Goals, ☐ MH 6 Input

Depressive mood swings

VII. Plan estimate to transfer to lower level of care:

☐**Dual Diagnosis** Treatment Readiness: ☐ Amenable ☐ Motivated ☐ Resistant

Signature(s)

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State of California, Department of Corrections: N / C / S Region, Service Area = , Institution,

TREATMENT PLAN PART TWO: PROBLEM → # pg: **Today Date:** 7/21/05

☐Initial Treatment Plan ☐Update because ☐Re-justify, weeks

Prob. #	Describe Problem:	Possible Completion	Date
	Depressive mood	Next Review	Date
	Target Behavior(s): mood Changes Depressed		
	Target Objective(s): Reports Fewer mood		
	Changes and not		
	Depressed		

Date	Intervention (s) & Staff Assigned.	Frequency and Duration.	Results.
7/21/05	med mgmt	Daily	
	Cm contact	Q90	
	Inst Program	Daily	
	Declined Group	———	
7/21/06	IDTT annual		
	Cont. C3LOC		
	Interventions per above	T. Moore, PhD	

MENTAL HEALTH TREATMENT PLANS, UPDATES, REJUSTIFICATION MH 2 [3/29/96]	LEVEL OF CARE	Last Name: First Name: MI:
Part One: General, Team, MSE Diagnosis, Problems, Inmate Strengths Part Two: Problem Pages -- Results Use Insert-a-Page of MH 1 Confidential Client/Patient Information See W & I Code, Section 5328	Inpatient Outpatient	Cunningham James CDC # V-72323 DOB 2/16/58

SIERRA CONSERVATION CENTER
JAMESTOWN, CALIFORNIA

X-RAY REPORT

NAME: Cunningham, James **CDC #:** V-72323 **DATE:** 11-20-06

AGE: 49 **PHYSICIAN:** Dr. Sweetland

X-RAY OF: Mandibular series (AP, oblique, lateral submentovertex projection)
COMPARISON: None

BRIEF HISTORY: Trauma. Rule out fracture.

FINDINGS:
The examination demonstrates no soft tissue abnormalities. Bones and joints are intact. The facial bones and calvarium, as visualized, are unremarkable in appearance. The perinasal sinuses are well-pneumatized as visualized.

IMPRESSION:
Normal mandibular series.

MD: JW:jd
D: 11-22-06
T: 11-22-06

J. Wilson, M.D.
Radiologist

SCC M.D. Initials: ______ **Date:** 12/7/06